

Board of Assessors
550 Hanover Street
Hanover, Massachusetts 02339-2242
www.hanover-ma.gov

Tel: 781-826-6401 Fax: 781-826-5239

Statement required by Hanover Assessors Office to meet requirements for Elderly exemption Clause 41C. *This form must be completed and signed by bank personnel.* 

Name of Bank		
Location		
Date		
		have / has the following accounts
isted at the above stated bank.		
In order to process the e	xemption we nee	ed Information from two different years:
The <i>Income</i> Section Requires the Balance as	s of 12/31/2012	The Asset Section Requires the Balance as of 07/01/2013
Last four (4) digits of Account #		
Interest earned in calendar year 2012	\$	Balance as of 7/1/2013 \$
Last four (4) digits of Account #		
Interest earned in calendar year 2012	\$	Balance as of 7/1/2013 \$
Last four (4) digits of Account #		
Interest earned in calendar year 2012	\$	Balance as of 7/1/2013 \$
Last four (4) digits of Account #		
Interest earned in calendar year 2012	\$	Balance as of 7/1/2013 \$
Bank employee Signature		
, grant pe	ermission for the	bank to release the above information to the Hanover
assessing office.		

(This form can be photo copied if there are more than four accounts)